

Work Order ID 95455

95455

Page 1

Item ID: D212-664-201

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Aft

Stop ***NS2***

Start Date: 1/09/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 13-01-09 Tooling:

Date:

Run Start ***NR1***

QC: Date: SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D212-664-241	Rev D (DEO)
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DSI9563	B
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100

100

DC

Document Control

DOCUMENT CONTROL

Memo

Photocopy bluefile and create labels as per PPP D212-664-201 CHG005

0.00

0.00

110

110

Packaging

Packaging

Pick Kit

Packaging

Memo

0.00

0.00

DAS
15
9-89

13.27

1 JH MLJ 13-2-6

MO 13/01/29

Pto →

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: 13/02/19 Date: 13/02/19QA Closed: 13/02/19 Date:

Work Order: <u>95455</u> Part No. <u>D212-664-201</u> NCR No. <u>13-2334</u>				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input checked="" type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>	13/1/30	120	1	CRUSHING IS OVER TOLERANCE	DAS 12 2-88 13/1/30	Acceptable per attached S.R.	DAS 12 2-88 13/1/30	DAS 16 2-88 13/1/30	DAS 16 2-88 13/1/30		
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input checked="" type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 95455

January-09-13 10:11:25 AM

95455

Page 2

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Aft

Stop ***NS2***

Start Date: 1/09/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

BENDING MACHINE - CROSSTUBES

0.00

120

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D212-664-241 using CNC bender program 212-aft

MO/Rm 13/01/29

130

QC15- Crosstube Dimensional Check

0.00

130

QC

Memo

0.00

Quality Control

DAS
15
13/1/30

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 95455

January-09-13 10:11:25 AM

95455

Page 3

Item ID: D212-664-201

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 1/09/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

140

0.00

140

Crosstubes

Crosstubes

Memo

0.00

1-Drill pilot holes in tube as per Dwg D212-664-241 using drill Jig DT8550, DT8551, drill table DT8577 and locate tower holes #8 as per QSI0010.

2-Ream hole to finish size in tube as per Dwg D212-664-241 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-241

4- ***WEAR LATEX GLOVES HANDLINE CROSSTUBE.*** Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-241

MO / 13-01-30

150

QC5- Inspect part completeness to step on W/O

0.00

150

QC

Memo

0.00

WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.

DAS
15
13-01-30

Quality Control

1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 95455

January-09-13 10:11:25 AM

95455

Page 4

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 1/09/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160		0.00							
160									
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes	***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***								
	1- CLEAN CROSSTUBE WITH WASH'N WIPE								
180		0.00							
	Outsource process - NDT per QSI038 4.1	0.00							
180									
Outsource2	Memo	0.00							
Outsource process - NDT	***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***								
	Liquid Penetrant Inspection as per QSI 038								
	Issue P/O: <u>18997</u>								
	LPI as per ASTM 1417 Level 2								
	Attach copy of NDT results to work order								
190		0.00							
	Receive & Inspect for Damage & Mat'l Certs	0.00							
190									
Packaging	Memo	0.00							
Packaging	***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***								
	Ensure copy of NDT results attached to work order.								

1 0 0 13-1-31

CL 13/01/31 ①

1x 13-01-31

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
Setup <input type="checkbox"/>																											
Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											
FAULT CATEGORY																											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other																		

Work Order ID 95455

January-09-13 10:11:25 AM

95455

Page 5

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 1/09/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
200	QC5- Inspect part completeness to step on W/O	0.00							
200									
QC	Memo	0.00							(DAS 05 13-01-31)
Quality Control	***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***								
	Inspect for damage & ensure results are as per Dwg D212-664-241								
204	Crosstubes Chemical Conversion	0.00							
204									
HandFXtube	Memo	0.00							LM 13-01-31
Hand Finishing Crosstubes	***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***								
	1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE BEFORE CHEMICAL CONVERSION								
206	QC7-Inspect Chemical Conversion Coat	0.00							
206									
QC	Memo	0.00							13-02-05
Quality Control	***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***								

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 95455

January-09-13 10:11:25 AM

95455

Page 6

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 1/09/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210	Spray Painting per QSI005 4.2	0.00							
210	SprayPaint								
Spray Painting	Memo	0.00							
	WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.								
	1-Prime inside and outside crosstube as per QSI 005 4.2								
	2-Paint outside crosstube as per DEO D212-667-241 with White Imron as per QSI 005 4.2								
	PRIME: 124403								
	Start Time: 7:00								
	Finish Time: 7:45								
	Clear: 123790								
	PAINT: 129074								
	Start Time: 4:30								
	Finish Time: 5:30								
220	QC14- Inspect Spray Paint	0.00							
220	QC								
Quality Control	Memo	0.00							
	Then, Wrap in plastic bag to protect from scratches								

13-2-2

01 13-02-05

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 95455

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95455

Page 7

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Aft

Stop ***NS2***

Start Date: 1/09/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
230	Crosstubes	0.00							
230									
Crosstubes	Memo	0.00							
Crosstubes	1-Abrade mating surfaces of support and crosstube with 400 grit sandpaper, clean the area with 4105S wash 'n' wipe								
	2-Install supports with Proseal 890 per DSI9563 and QSI 015								
	A/R Proseal 890 Batch: <u>124028</u>								
	3-Install clamps as per Dwg D212-664-241. Torque clamps to 80-100 in lb.								
240	QC5- Inspect part completeness to step on W/O	0.00							
240									
QC	Memo	0.00							
Quality Control									
250	Pick Kit	0.00							
250									
Packaging	Memo	0.00							
Packaging									

15
89
13-2-3

1

1x

SP
13-2-6

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 95455

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95455

Page 8

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 1/09/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

260 QC4- 100% Inspect kits for completeness

0.00

260

QC

Memo

0.00

Quality Control

15
13-27

270

0.00

270

Packaging

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D212-664-201

13/2/13

280

0.00

280

QC

QC21- Final Inspection - Work Order Release

Memo

0.00

Quality Control

13/2/14
MF
13-2-13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

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Page 1

Work Order ID: 95455

95455

Parent Item: D212-664-201

D212-664-201

Parent Item Name: Crosstube Aft

Start Date: 1/09/13

Required Date: 1/23/13

Start Qty: 1.00

Required Qty: 1.00

Comments:

IPP Rev:E04.02.16ReformatK/DS

IPP Rev:F 06-03-29 Remove Coments on Pick List JLM

IPP Rev:G 07-04-30 As per Rev C JLM

IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D212-664- 201TRNRevC		Manufactured	No			110	Each	0.0000	1	1	MO	13/01/29	
D212-664-201TRNRevC									**				
Crosstube Turning Detail													
D3595-063-530		Manufactured	No			230	Each	141.0000	2	84			
D3595-063-530									**		AQ 13-2-3		
RUBBER CUSHION													

Location

Loc Qty

Loc Code

FG

5

82656

5

LG051

136

63407

6

67185

6

70067

18

72745

2

75783

7

79932

13

82656

10

87833

29

90969

45

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

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Page 2

Work Order ID: 95455

Parent Item: D212-664-201

Parent Item Name: Crosstube Aft

95455

D212-664-201

Start Date: 1/09/13

Required Date: 1/23/13

Start Qty: 1.00

Required Qty: 1.00

D2940-1

Manufactured No

230

Each

33.0000

2

2

D2940-1

Support

**

AB 13-2-3

Location

Loc Qty

Loc Code

LG052

33

71829

1

79118

2

80197

7

90677

22

93038

1

MS21920-28

Purchased No

230

Each

57.0000

4

4

MS21920-28

Clamp(per MIL-DTL-8783C)

**

AB 13-2-3

Location

Loc Qty

Loc Code

FG

5

105884

5

LG050

40

118713

3

120054

2

122518

1

123674

34

LG051

12

121440

8

122204

2

123243

2

D3428-1

Manufactured No

250

Each

27.0000

1

D3428-1

Placard

**

SP 13-2-6

Location

Loc Qty

Loc Code

ST045

27

95243

27

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Shop Packet Print

Page 2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

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Page 3

Work Order ID: 95455

95455

Parent Item: D212-664-201

D212-664-201

Parent Item Name: Crosstube Aft

Start Date: 1/09/13

Required Date: 1/23/13

Start Qty: 1.00

Required Qty: 1.00

MS21042L6

Purchased

No

250

Each

555.0000

6

6

MS21042L6

Nut

Smf

Location

Loc Qty

Loc Code

ST314

555

117677

25

118927

48

120308

2

122441

19

123248

350

123355

111

AN960JD616

NAS1149D0663J

Purchased

No

250

Each

0.0000

18

18

AN960JD616

Washer

Smf

AN6-40A

Purchased

No

250

Each

64.0000

4

4

AN6-40A

Bolt

Smf

Location

Loc Qty

Loc Code

ST340

64

123021

14

123900

50

AN6-41A

Purchased

No

250

Each

36.0000

2

2

AN6-41A

Bolt

Smf

Location

Loc Qty

Loc Code

ST340

36

122407

11

123522

25

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Shop Packet Print

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NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

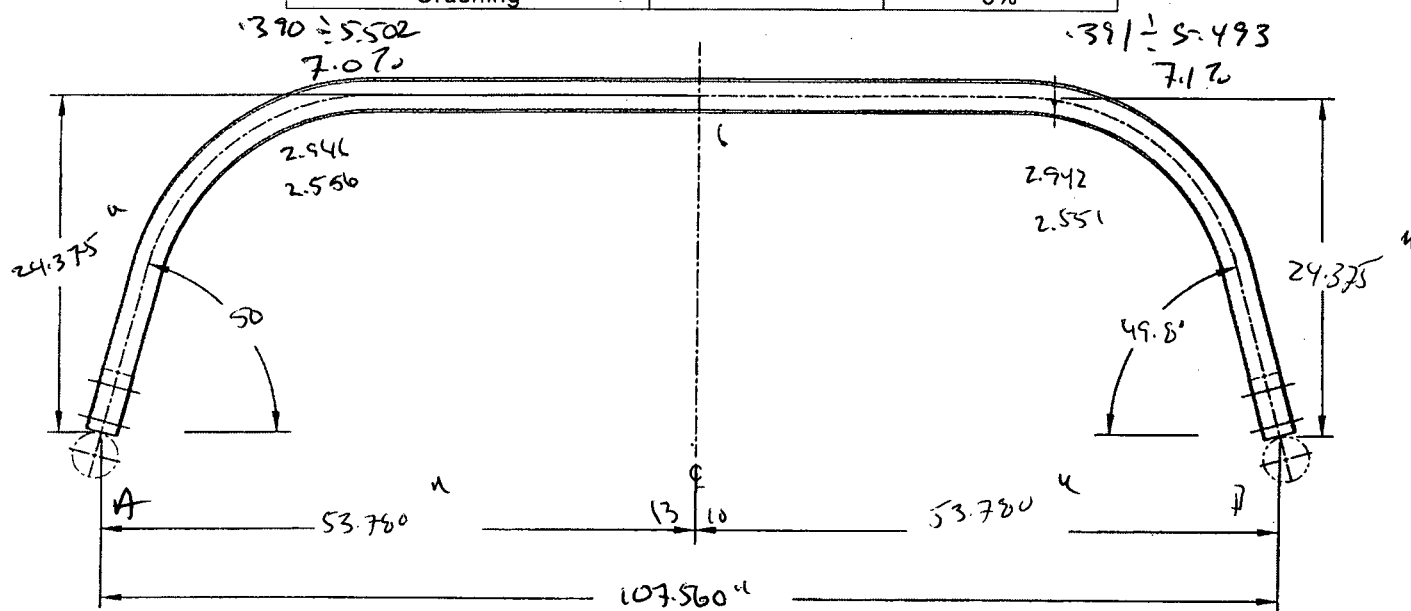
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructor's Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

DART AEROSPACE LTD		Work Order:	95455
Description: Crosstube High Aft (205/212)		Part Number:	D212-664-201
Inspection Dwg: D212-664-241 Rev: D		Page 1 of 1	

Required Dimension	Min	Max
Height	24.17	24.43
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70
Bending Passes	5	--
Crushing	--	6%



	Side A	Side B
Bending Passes	13	10
Crushing	7.07%	7.1%
Comments		
Side A = 7.07% crushing @ 13 passes		
Side B = 7.1% crushing @ 10 passes		

QC15 Inspection	DAS
Date	13/1/70

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. C	KJ/JLM	
C	10.04.01	Dwg Rev updated	KJ	
D	12.04.16	Added bending, crushing dimensions	KJ	

DART SERVICE INSTRUCTION

TO AMEND INSTRUCTIONS FOR CONTINUOUS AIRWORTHINESS ICA-D212-664 Rev. 6 OR LATER

REF. CANADIAN STC: SH01-9
REF. FAA STC: SR01298NY
REF. EASA STC: EASA.IM.R.S.01304

PURPOSE:

The supports on the following crosstubes are now installed using Proseal instead of Magnobond:

D212-664-101/-101B @ CHG 005	D212-664-201/-201B @ CHG 005
D412-664-105 @ CHG 002	D212-664-207/-207B @ CHG 002
D212-664-107/-107B @ CHG 002	



CHANGE:

For the crosstubes listed above, section 32.4 of ICA-D212-664 is amended as follows. Use Figure 1 of this service instruction and Figures 32-2 to 32-9 of ICA-D212-664 for further reference. For crosstubes of an earlier change number, it is recommended that if the supports are removed, the supports should be reinstalled using the procedure listed below.

32.4 SUPPORT INSTALLATION

- 32.4.1 Locate the area on the crosstube for installation of support (see Figure 1 of this service instruction). For D212-664-101/-107/-201/-207 and D412-664-105 crosstubes, the outward face of the support tabs should be 14.0" (355mm) from the crosstube center for 204/205/210/412/UH-1 aircraft. For installation on 214B/B-1 aircraft, the outward face of the support tabs should be 13.75" (349mm). Ensure paint finish of crosstube is intact; touch up as required per Chapter 5 (5.3.9) of ICA-D212-664.
- 32.4.2 If present, remove any paint/primer on bottom of supports. Abrade mating surfaces of support and crosstube with 400-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.3 Ensure a layer of 3M Scotch-Weld 2216 B/A Epoxy Adhesive is on the bottom of the support. If required, either apply or touch-up support to have a 0.03" to 0.05" thick layer of adhesive over the entire mating surface. Allow supports to cure for 24 hours.
- 32.4.4 Abrade mating surfaces of support (after cure) and crosstube with 180-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.5 Apply a 0.04" to 0.07" thick layer of Proseal 890 Class B or AMS-S-8802 Class B sealant underneath applicable support and install support as shown in Figure 1 of this service instruction.
- 32.4.6 Install the clamps opposite to crosstube support as shown in section A-A of Figure 1. Install rubber cushions underneath each clamp around the bottom circumference of the crosstube up to the crosstube centerline. Torque clamps 80-100 in-lb (9.0-11.3 Nm). It is acceptable to use smaller or larger sized MS21920-XX clamps than those listed in ICA-D212-664, ensure that after torquing the clamps per this instruction, the nuts are in safety but not bottomed out
- 32.4.7 Prior to installing crosstube on aircraft, allow supports to cure for 72 hours and recheck torque on clamps.

CANADA DEPARTMENT OF TRANSPORT AIRCRAFT CERTIFICATION BRANCH DAO # 01-O-01
APPROVED 
BY: D. SHEPHERD (DE # 02)
DATE: 11.07.20
CERT. NO.: SH01-9
ISSUE NO.: 3

B	ADD 3M 2216 ADHESIVE TO SUPPORT	CP	11.07.15
A	NEW ISSUE	CP	11.06.14
REV.	DESCRIPTION	BY	DATE
DESIGN	q	DART AEROSPACE LTD	
DRAWN	q	HAWKESBURY, ONTARIO, CANADA	
CHECKED	ASS	DRAWING NO.	REV. B
MFG. APPR.	N/A	DSI 9563	SHEET 1 OF 2
APPROVED		TITLE	SCALE
DE APPR.		SUPPORT INSTALLATION CHANGE	NTS
DATE	11.07.15	COPYRIGHT © 2011 BY DART AEROSPACE LTD	
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CS/ST

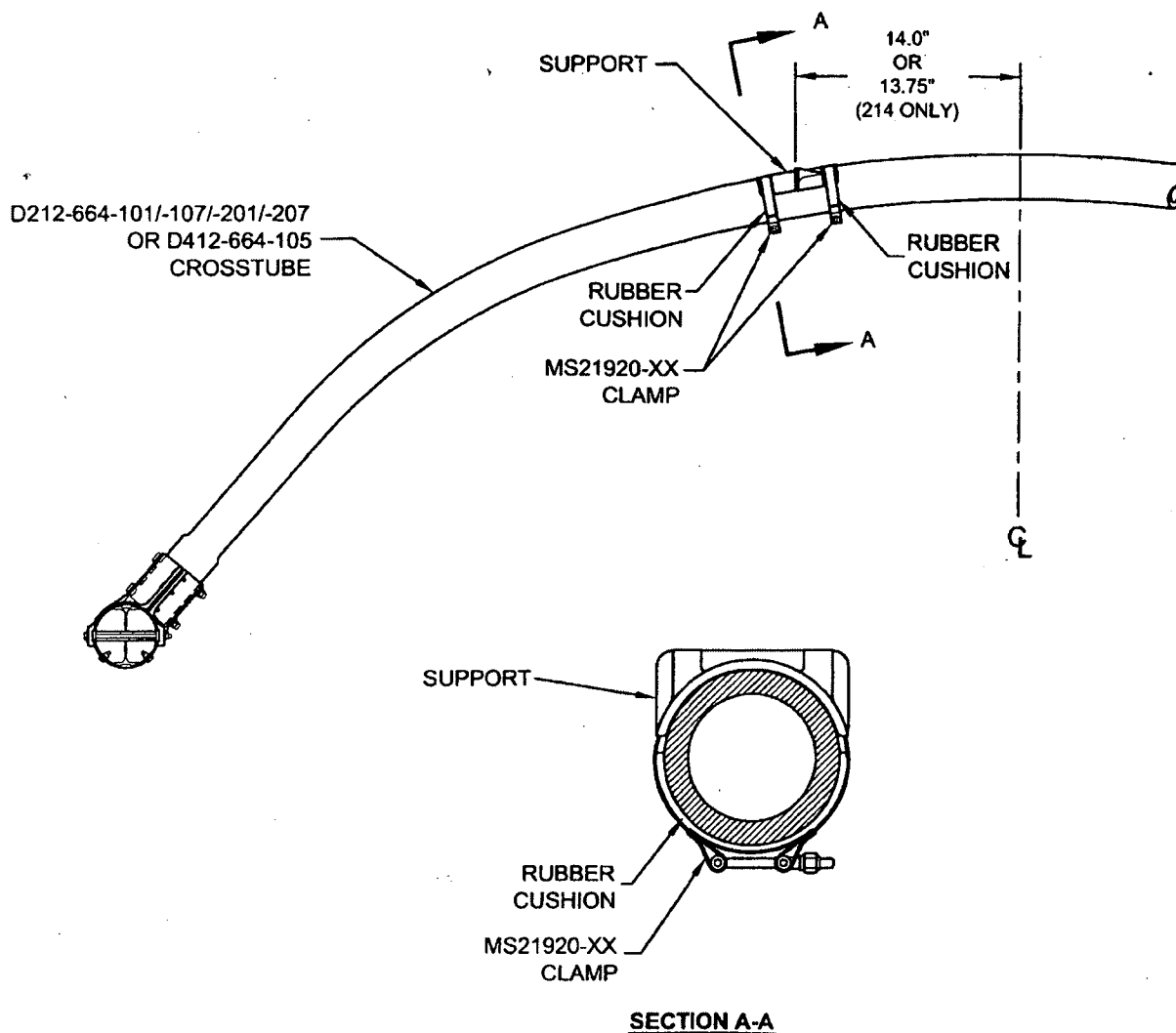


FIGURE 1: SUPPORT INSTALLATION

CANADA
DEPARTMENT OF TRANSPORT
AIRCRAFT CERTIFICATION
BRANCH
DAO # 01-O-01

APPROVED

BY: *[Signature]*
D. SHEPHERD (DE # 02)

DATE: 11.07.20
CERT. NO.: SH01-9
ISSUE NO.: 3

DESIGN	9	DART AEROSPACE LTD	
DRAWN	9	HAWKESBURY, ONTARIO, CANADA	
CHECKED	ASS	DRAWING NO.	REV. B
MFG. APPR.	N/A	DSI 9563	SHEET 2 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	SUPPORT INSTALLATION CHANGE	NTS
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95455

Item	Qty -241	Qty -241B	Part Number	Description
1	X		D212-664-241	CROSSTUBE ASSEMBLY (205/212 HIGH AFT)
2		X	D212-664-241B	CROSSTUBE ASSEMBLY (214 HIGH AFT)
3	1	1	D6006-129	CROSSTUBE
4	2	2	D2940-1	SUPPORT
5	4	4	D3595-063-530	RUBBER CUSHION
6	4	4	MS21920-28	CLAMP (OR MS21920-30)
7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6006-129
FINISHED LENGTH = 124.362±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: D212-664-241 = 44.2 lbs (PER IIN-D212-664)
D212-664-241B = 44.2 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 5 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-28 CLAMPS (OR -30) WITH D3595-063-530 RUBBER CUSHIONS TO SECURE THE D2940-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN.-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SEE DRAWING
RETURN TO
ENGINEERING
UNCONTROLLED COPY
CHECKED BY
DATE

95455 MCT
13-01-09

600 #11-614
11.07.26

UNDER REVIEW

DEO ATTACHED

RELEASED
2009-10-29

D	REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS: ADD -241B (ZN D4-2, B4-2); REMOVED REF & ADD TOLERANCES (ZN D8-3 & C4-3); C6-3 & A8-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4	RF	09.09.30
C	REMOVE -1009 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS	PH	07.03.08
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	00.12.12
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	PH	DRAWING NO.	REV. D
MFG. APPR.	PH	D212-664-241	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	CROSSTUBE ASS'Y (205/212 HI AFT)	NTS
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95455

12 13 15
D2940-1 SUPPORT
MS21920-28 CLAMP, 2X
D3595-063-530 RUBBER CUSHION, 2X
2 PL

14.00 (-241)
OR 13.75 (-241B)

D212-664-601
BENT TUBE

D212-664-241/-241B
ASSEMBLY DETAIL

UNDER REVIEW

DEO ATTACHED

RELEASED
2009-10-28

12
APPLY MAGNOBOND
BETWEEN D2940-1 AND
CROSSTUBE

D2940-1 SUPPORT, REF

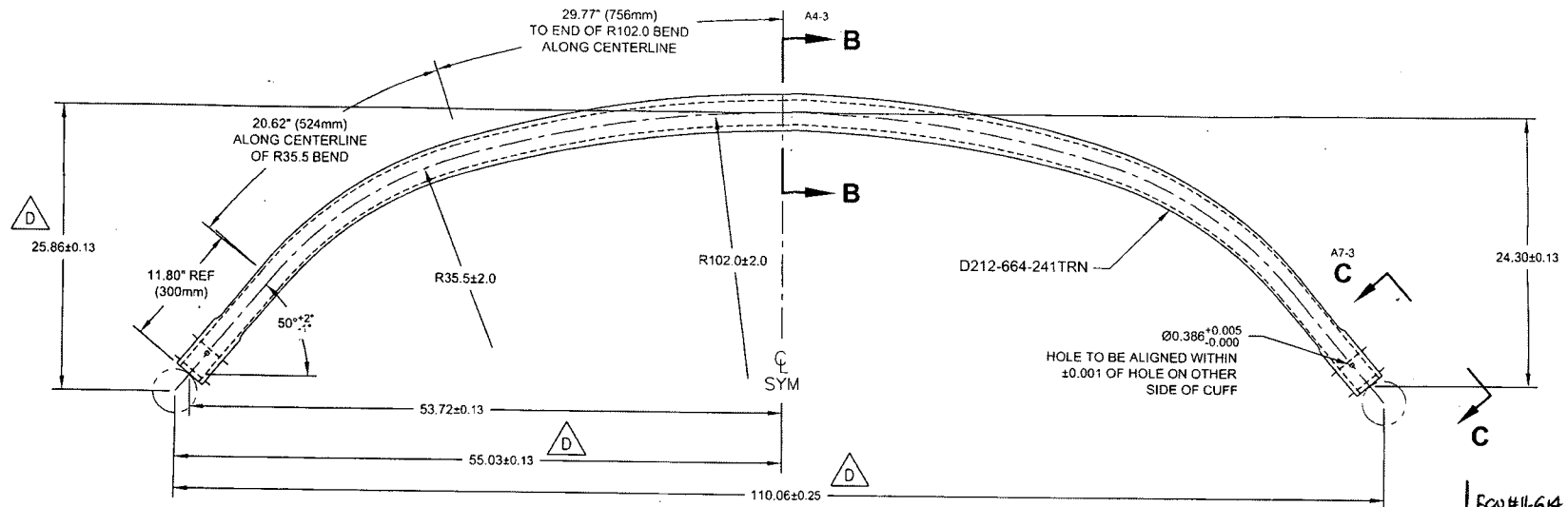
13 15
MS21920-28
CLAMP, REF

D3595-063-530 RUBBER CUSHION
UNDER CLAMP, REF

SECTION A-A
SCALE 4X D6-2

DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	98	DRAWING NO.	REV. D
MFG. APPR.	SS	D212-664-241	SHEET 2 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	HL	CROSSTUBE ASS'Y (205/212 HI AFT)	NTS
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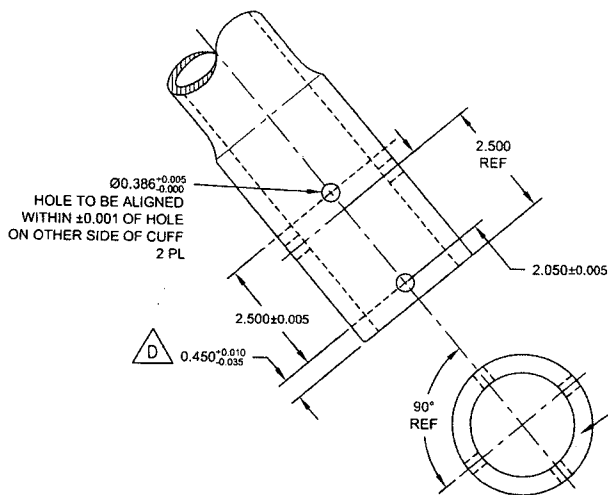
D212-664-601 10 D
BENDING AND DRILLING DETAIL

ECO #11-614
 11.07.26

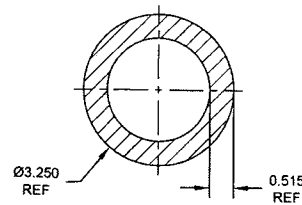
UNDER REVIEW
4/11/26

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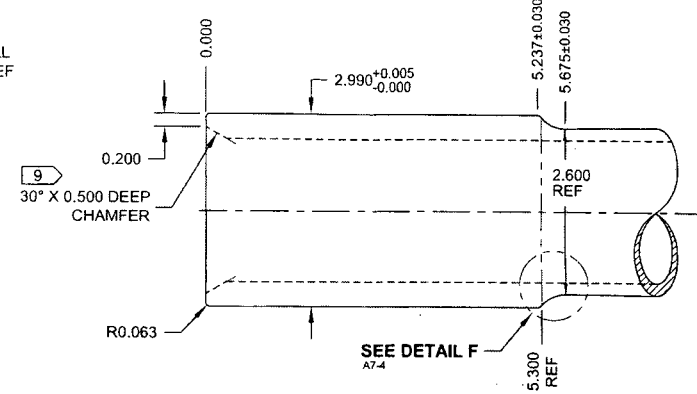
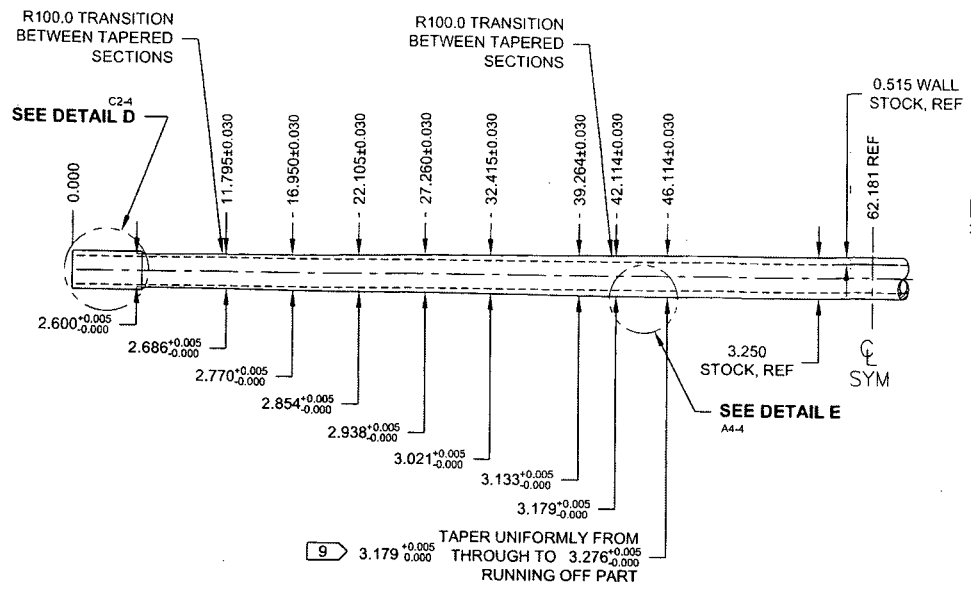
VIEW C-C: CUFF DETAIL D2-3
 SCALE 3X



SECTION B-B D4-3
 SCALE 4X

DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	PS	DRAWING NO. D212-664-241	REV. D SHEET 3 OF 4
MFG. APPR.	PS	TITLE	SCALE
APPROVED	PS	CROSSTUBE ASS'Y (205/212 HI AFT)	NTS
DE APPR.	PS	COPYRIGHT © 2000 BY DART AEROSPACE LTD	
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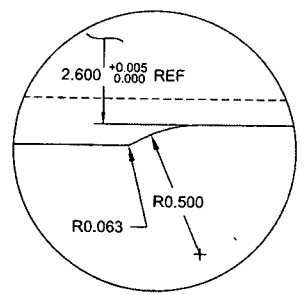
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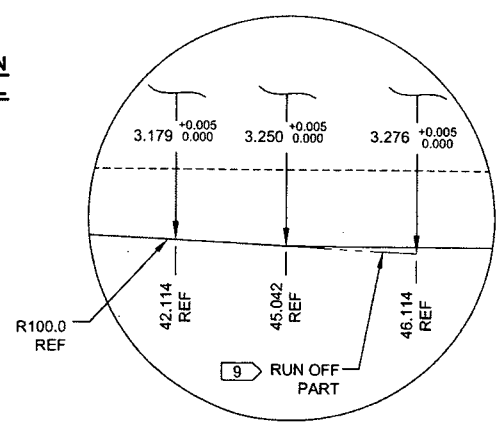
DETAIL D:
CROSSTUBE CUFF
SCALE 5X D8-4

100A11-614
11.07.28
UNDER REVIEW
9/1/09/13

DEO ATTACHED
RELEASED
2009-10-29



DETAIL F:
CUFF TRANSITION
SCALE 10X C2-4



DETAIL E:
TAPER RUN-OFF
NOT TO SCALE C5-4

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	9P	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-241	SHEET 4 OF 4
APPROVED	10	TITLE	SCALE
DE APPR.	10	CROSSTUBE ASSY (205/212 HI AFT)	NTS
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95455

DRAWING NO. D212-664-241	TITLE CROSSTUBE ASSY (205/212 HI AFT)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-241-D-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN	CHECKED	MFG. APPR.	APPROVED	DE APPR.			
DATE 11.04.07	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12			

PURPOSE:

ADD AN INSPECTION WINDOW TO UNDERSIDE OF CROSSTUBE.

CHANGE:

NOTES 2 OF SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA) AND
PAINT OUTSIDE PER DART QSI 005 4.2
REMOVE MASKING AND APPLY CLEAR COAT

WAS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2

RELEASED
2011-04-18

UNDER REVIEW

11.08.13

RCN#11-614

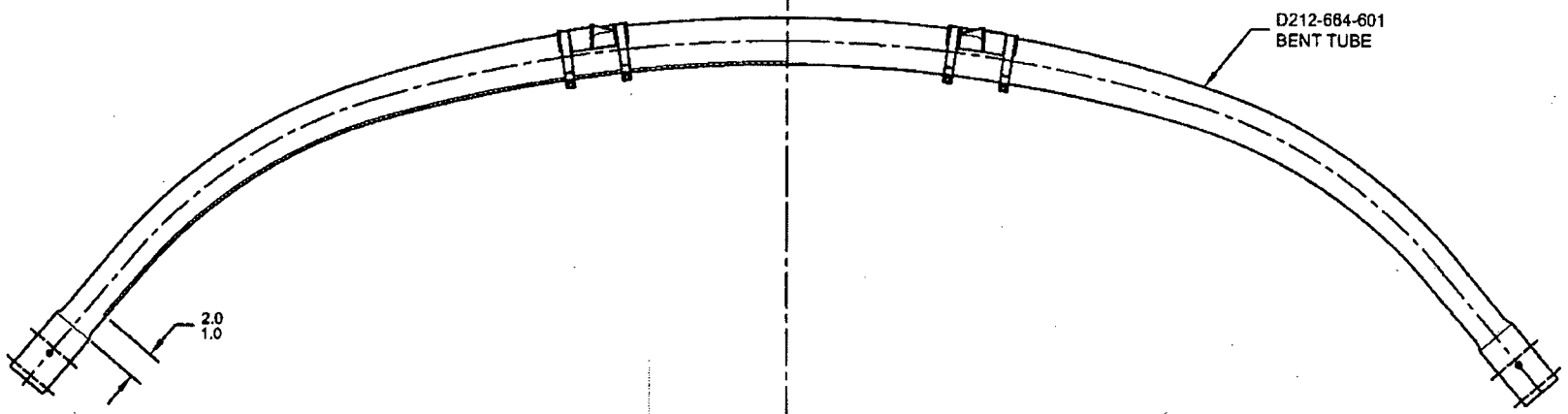
11.09.20

95455

DRAWING NO. D212-664-241	TITLE CROSSTUBE ASSY (205/212 HI AFT)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-241-D-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN	CHECKED <i>GP</i>	MFG. APPR. <i>E</i>	APPROVED <i>MD</i>	DE APPR. <i>MD</i>			
DATE 11.04.07	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12			

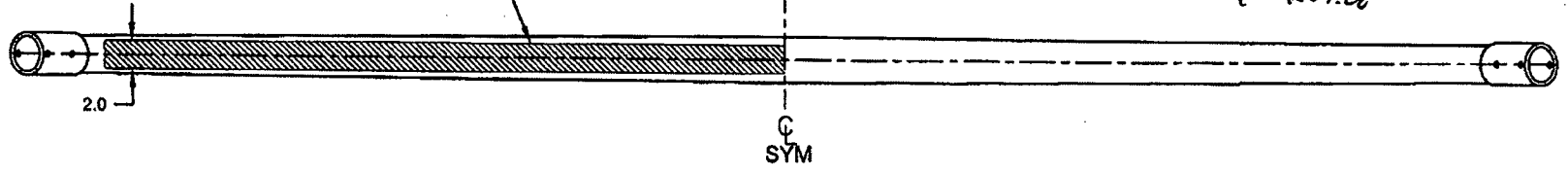
IS:

WAS:



D212-664-241/-241B
ASSEMBLY DETAIL

MASK AREA PRIOR TO PAINTING,
REMOVE MASKING AFTER PAINT
AND APPLY CLEAR COAT



RELEASED
2011-04-18

UNDER REVIEW

GP 11.06.13
11.04.12
11.07.28

95455

DRAWING NO. D212-664-241	TITLE CROSSTUBE ASS'Y (205/212 HI AFT)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-241-D-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>QD</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>DS</i>	APPROVED <i>MD</i>		DE APPR. <i>MD</i>		
DATE 11.07.15	DATE 11.07.20	DATE 11.07.21	DATE 11/07/21		DATE 11.07.21		

PURPOSE:

REPLACE MAGNOBOND WITH PROSEAL.

CHANGE:

IS:

Item	Qty -241	Qty -241B	Part Number	Description
7	A/R	A/R	PROSEAL 890 B-2	SEALANT, AMS-S-8802 CLASS B-2

WAS:

7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
---	-----	-----	----------------	---

NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) TO INSTALL D2940-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

WAS:

- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2011-07-28
MD

5.0 PARTS LIST

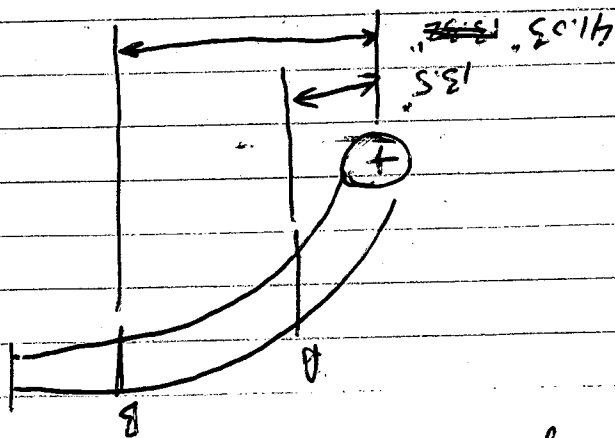
5.1 HIGH GEAR CROSSTUBES

Item	-101	201	-203	Part Number	Description
	X			D212-664-101	CROSSTUBE INSTALLATION, 204/205/210/212/214/412, UH-1H, UH-1A/B/E/F/L/P, TH-1F/L, HH-1K HIGH FWD
		X		D212-664-201	CROSSTUBE INSTALLATION, 204/205/210/212/214, UH-1H, UH-1A/B/E/F/L/P, TH-1F/L, HH-1K HIGH AFT
			X	D412-664-203	CROSSTUBE INSTALLATION, 412 HIGH AFT
1	1			D212-664-141	CROSSTUBE ASSEMBLY, 204/205/210/212/214/412, UH-1H, UH-1A/B/E/F/L/P, TH-1F/L, HH-1K HIGH FWD
2		1		D212-664-241	CROSSTUBE ASSEMBLY, 204/205/210/212/214, UH-1H, UH-1A/B/E/F/L/P, TH-1F/L, HH-1K HIGH AFT
3			1	D412-664-243	CROSSTUBE ASSEMBLY, 412 HIGH AFT
10	2			* D2893-1	SUPPORT
11	4			* D3595-063-450	RUBBER CUSHION
12	4			* MS21920-25	CLAMP (OR MS21042-26)
13	4			AN6-35A	BOLT
14	4			AN6-36A	BOLT
15	6			MS21042L6	NUT (OR MS21042-6)
16	18			AN960JD616	WASHER
20		2		* D2940-1	SUPPORT
21		4		* D3595-063-530	RUBBER CUSHION
22		4		* MS21920-28	CLAMP (OR MS21042-30)
23		4		AN6-40A	BOLT
24		2		AN6-41A	BOLT
25		6		MS21042L6	NUT (OR MS21042-6)
26		18		AN960JD616	WASHER
30			1	* D2896-1	SUPPORT
32			2	* D3595-063-570	RUBBER CUSHION
33			4	* MS21920-28	CLAMP
34			2	* MS21920-30	CLAMP (OR MS21042-32)
35			4	AN6-40A	BOLT
36			2	AN6-41A	BOLT
37			6	MS21042L6	NUT (OR MS21042-6)
38			18	AN960JD616	WASHER
39			2	* D3189-1	CHAFING SHIELD
50	1	1		D3428-1	PLACARD

*REFERENCE ONLY. PARTS ARE INCLUDED IN D212-664-141/241 OR D412-664-243 ASSEMBLIES ABOVE
NOTE: KITS INCLUDE EXTRA HARDWARE FOR COMPATIBILITY WITH BOTH DART AND BELL/AAI SKIDTUBES.

CRUSHING OF D212-664-201

Acceptability of 8% CRUSHING



Point A: $OD = 2.548$ in $OD = 2.442$ in
 CRUSHING $(2.442 - 2.548) / (2.442 + 2.548) = 8\%$
 $I = 1.476$ in⁴

Point B: $OD = 3.25$ in $ID = 2.22$ in
 $I = 4.284$ in⁴

A: $F = M/L/I = P \times 13.5 \times 2.548 / 2 \times 1.476 = 11.65 P$
 B: $= P \times 41.03 \times 2.442 / 2 \times 4.284 = 14.32 P$

$MS = 14.32 / 11.65 - 1 = 0.22$

The will fail at support before area of 8% CRUSHING, 8% CRUSHING AT END OF BEAM IS ACCEPTABLE

12.12.21



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18997**

Purchase Order Date 1/31/13

PO Print Date 1/31/13

Page Number 2 of 2

Order From :

VC-ACU002

ACUREN
2190 SPEERS ROAD
OAKVILLE ON L6L 2X8
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

613 931 1261

613 931 2777

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

10127-2607

Net 30

CAD

Destination-Collect

4	95455 ✓	D212-664-201 CROSSTUBE	1/31/13	1.00	Yours ppd	\$130.2900	\$130.29
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Yes

Special Inst:

LIQUID PENETRANT INSPECTION AS
PER QSI 038 OR
LPI AS PER ASTM 1417 LEVEL 2

5	95456 ✓	D212-664-201 CROSSTUBE	1/31/13	1.00	Yours ppd	\$130.2900	\$130.29
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Yes

Special Inst:

LIQUID PENETRANT INSPECTION AS
PER QSI 038 OR
LPI AS PER ASTM 1417 LEVEL 2

6	95480 ✓	D412-664-203 CROSSTUBE	1/31/13	1.00	Yours ppd	\$130.2900	\$130.29
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Yes

Special Inst:

LIQUID PENETRANT INSPECTION AS
PER QSI 038 OR
LPI AS PER ASTM 1417 LEVEL 2

7	95481 ✓	D412-664-203 CROSSTUBE	1/31/13	1.00	Yours ppd	\$130.2900	\$130.29
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Yes

Special Inst:

LIQUID PENETRANT INSPECTION AS
PER QSI 038 OR
LPI AS PER ASTM 1417 LEVEL 2

**CERTIFICATE OF CONFORMITY
REQD UPON DELIVERY**

PO Total:

\$912.03

Change Nbr:

1

Change Date: 1/31/13

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - **YES** NO



LIQUID PENETRANT TEST REPORT

P- 10191

PAGE 1 OF 1

CLIENT Dart Aerospace DATE Jan 31 2013 TIME AM ☒ PM ☐
ATTENTION Linda, Chantale, Andy ACUREN JOB NO. 188-13-C02N
ADDRESS 1276 Aberdeen St POWO No. 18997
Hawkesbury, on WORK LOCATION Same of address
ACCEPTANCE STD. ASTM 1417/AS 1308 REV. DATE 2005
PROJECT Pt wet Fluorescent Liquid penetrant Inspection
ITEM(S) EXAMINED - See Below

JOB DESCRIPTION ON PROCEDURE No. LT 002 REV. DATE 2009 TECHNIQUE No. LT-14102 REV. DATE 2009
PART NO. MATERIAL Steel/Aluminum THICKNESS various
SCOPE Performed a wet Fluor L.P.I on 100% of the external surface only on items mentioned below

TEST DETAILS
METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND Magnaflux BLACK LIGHT S/N 13790 ☐ OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT PL 67 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME > 10 MIN. OTHER hambing
DEVELOPER SKD-52 MINIMUM DWELL TIME 30 MIN. LIGHT METER S/N 1098266 CAL DUE DATE oct 2013
DEVELOPER TYPE ☐ NON-AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE
SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☒ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < -4°C/ 20°F ☐ -4°C/ 20°F TO 10°C/ 50°F ☒ 10°C/ 50°F TO 52°C/ 125°F ☐ > 52°C/ 125°F

RESULTS- (<input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL)			
ITEM	COMMENTS	ACCEPT	REJECT
1	cross tube End High w.o ID 94409	✓	
2	cross tube APT w.o ID 94580	✓	
3	cross tube APT w.o ID 94581	✓	
4	cross tube APT w.o ID 95455	✓	
5	cross tube APT w.o ID 95456	✓	
6	cross tube End High w.o ID 96483	✓	
7	cross tube End High w.o ID 96484	✓	
No Relevant Indication was detected as per applicable standard at the time of inspection			

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations of warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.
Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES
CLIENT REPRESENTATIVE Andy Sheldon SIGNATURE ASheldon DTR # E-120385
TECHNICIAN (SIGNATURE) Alexandre Michaud
NAME (PRINT) Alexandre Michaud 1ST TECHNICIAN 2ND TECHNICIAN
CGSB LEVEL 2 SNT LEVEL 2 CGSB LEVEL 2 SNT LEVEL 2
CGSB REG. No. 10148 CGSB REG. No. 10148

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY



Daily Time Report

E- 120385

Form dated September 2010

Client: Dart Aerospace
Contact: Linda, Chantale, Andy
Location: 1270 Aberdeen St. Haverhill, ON
Description: Pt - wet Fluo
Report #: P-10191

Job #: _____ Date: Jan 31 2013
Day: Sun Mon Tues Wed Thurs Fri Sat
P.O. #: _____ W.O #: 182-13-CO211
Vehicle #: AM Camera #: _____

Name	Specialist	Tech.	CEDO	Assistant	Start Time	Total Hours				LOA ONLY	OTM ONLY	Labour Agreement (if known) or type of work	TLD No.	Daily DRD Readings
						Travel	Worked	SP	KM					
Alexandre Michaud		✓			6:00	AM	3	4	20				897131	-0
					AM									
					PM									
					AM									
					PM									
					AM									
					PM									
					AM									
					PM									

WELD INSPECTION SUMMARY														
Weld Diameter										Long Seam			Circ. Seam	
Schedule/Thickness										Thickness			Thickness	
Quantity										Lineal Ft.			Lineal Ft.	

Film: _____
Consumables (cans / litres): _____
UT _____ MT _____
Pcs. 2 1/4 x 17"
Pcs. 3 1/2 x 17"
Pcs. 4 1/2 x 17"
Pcs. 14" x 17"
Pcs. _____
Re-billable expenses: _____
Equipment charges: _____
Client Representative: A. Michaud

NOTES:

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